

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
						CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1		1				51		
2		1		1			52		
3		1		1			53		
4		1		1			54		
5		1		1			55		
6		1		1			56		
7		1		1			57		
8		1		1			58		
9		1		1			59		
10		1		1			60		
11		1		1			61		
12		1		1			62		
13		1		1			63		
14		1		1			64		
15		1		1			65		
16		1		1			66		
17		1		1			67		
18		1		1			68		
19		1		1			69		
20		1		1			70		
21		1		1			71		
22		1		1			72		
23		1		1			73		
24		1		1			74		
25		1		1			75		
26		1		1			76		
27		1		1			77		
28		1		1			78		
29		1		1			79		
30		2		1			80		
31		2		1			81		
32		1		1			82		
33		1		1			83		
34		1		1			84		
35		1		1			85		
36		1		1			86		
37		1		1			87		
38		1		1			88		
39		1		1			89		
40				1			90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50				1			100		
TOTAL IND.				5			TOTAL IND.		
TOTAL DEP.				55			TOTAL DEP.		
TOTAL CLAIMS				40			TOTAL CLAIMS		